

OFFICIAL FILING PETITION

(Water Code § 50731.6)

NOMINATION OF CANDIDATE LAND ASSESSMENT SEAT

We, the undersigne	ed voters of Recla	mation District No. 1000, hereby nomir	nate
Dealers ation Distric	+ N - 1000	For the office of Trustee, Land Assessm	ent Seat, of said
Reclamation Distric	t NO. 1000		
Name	Date	Residence	Signature
ELECTRIC TRANSPORTS (1)	Date	Residence	Signature
Name	Date	Residence	Signature
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Name	Date	Residence	Signature
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Name	Date	Residence	Signature
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Name	Date	Residence	Signature
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Note: ALL pages of this petition must be filled out to be considered complete.

AFFIDAVIT OF CIRCULATOR

State of California)						
County of) ss.						
, (print name of circulator), being duly sworn, deposes and says: That (he/she) circulated the foregoing petition and saw all the signatures appended thereto and knows that they are signatures of the persons whose names they purport to be.							
(Signature of circulator)							
	AFFIDAVIT OF NOMINEE						
State of California)						
County of) ss.						
the above-named nomin	, (Print name of nominee), being duly sworn, says that (he/she) is see for the office of TRUSTEE, that (he/she) will accept the office in the on, that (he/she) desires (his/her) name to appear on the ballot as follows:						
	(Print name above)						
	ne following occupational designation, containing not more than three the ballot under his/her name, and that this designation is correct.						
	(Print desired designation, if any, above)						
-	(Signature of nominee)						

California Jurat

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California			
County of)			
Subscribed and sworn to (or affirmed) before me on this	da	ay of	Year
by			
Name of Signer((s)		
proved to me on the basis of satisfactory evidence to be t	:he person(s	s) who appeared bef	ore me.
Signature Signature of Notary Public			
	Plac	Seal ce Notary Seal above	e
Optional-			
Though this section is optional, completing this informati fraudulent attachment of this form to an unintended doc	on can dete ument	er alteration of the a	locument or
Description of Attached Document			
Title or Type of Document:			
Document Date:			
Number of Pages:			
Signer(s) Other Than Named Above:			

California Jurat

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California			
County of)			
Subscribed and sworn to (or affirmed) before me on this			
by	Date	Month	Year
Name of Signer	s)		
proved to me on the basis of satisfactory evidence to be t	he person(s) w	ho appeared be	fore me.
Signature Signature of Notary Public			
Signature of Notary Public			
		Seal	
	Place N	otary Seal abov	re
Optional			
Though this section is optional, completing this informati fraudulent attachment of this form to an unintended doc	on can deter al ument	teration of the	document or
Description of Attached Document			
Title or Type of Document:			
Document Date:			<u>.</u>
Number of Pages:	1		
Signer(s) Other Than Named Above:			